

Reimbursement for Telehealth Services

Overview

In Maryland, private payors (payors) and managed care organizations (MCOs)¹ are required by law² to provide reimbursement for diagnosis, consultation, and treatment delivered using telehealth in the same manner that in-person services are covered. The law prohibits distinguishing between rural and urban patients when determining coverage and does not allow a lifetime dollar maximum for telehealth services; however, services may have an annual dollar maximum, as permitted by federal law.

Getting Paid

Private Payors

The law requires that payors reimburse providers for covered health care services that are appropriately delivered via telehealth.³ Additionally, reimbursement cannot be denied solely because services were delivered via telehealth and not in-person. The law permits payors to impose utilization review requirements, such as preauthorization, as long as they are the same requirements as health care service provided in-person. In general, providers should:

- Deliver telehealth services that meet the requirements of in-person encounters between a provider and patient⁴;
- Ensure all medical record documentation demonstrates appropriate delivery of telehealth service and is of quality to withstand a utilization review;
- Use the appropriate Current Procedural Terminology (CPT)⁵ or Healthcare Common Procedure Coding System (HCPCS) codes with the appropriate Place of Service (POS) 02⁶, CPT-95⁷, or HCPCS-GT⁸ modifiers to indicate the location where the service was provided was through telehealth⁹; and
- Ensure that the health care services delivered via telehealth are covered benefits under the individual's policy.

Medicaid

The Maryland Medicaid Telehealth Program (Telehealth Program)¹⁰ was established to allow providers to deliver medically necessary services via telehealth. The Telehealth Program reimburses for services in the same manner as in-person visits on a fee-for-service basis.¹¹ In order to qualify for reimbursement:

¹ Managed Care Organizations contract with Medicaid to deliver health benefits and additional services on a set per member per month payment. More information is available at: www.medicaid.gov/medicaid/managed-care/index.html.

² Md Code, Insurance Art., §15–139. Available at: mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=gin§ion=15-139&ext=html&session=2019RS&tab=subject5.

³ Telehealth is the use of medical information shared through two-way audio and video and other forms of telecommunication technology, including mobile communication devices and remote monitoring devices, with the goal of improving a patient's health status. More information is available at: mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=gin§ion=15-139&ext=html&session=2019RS&tab=subject5.

⁴ COMAR 10.09.02.04- Physician Services, Covered services. Available at: www.dsd.state.md.us/comar/comarhtml/10/10.09.02.04.htm.

⁵ Current Procedural Terminology (CPT®) material is copyrighted by the American Medical Association. More information is available at: www.ama-assn.org/amaone/cpt-current-procedural-terminology.

⁶ “POS 02: Telehealth: The location where health services and health-related services are provided or received, through telehealth telecommunication technology.” More information is available at: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf.

⁷ CPT-95 indicates “synchronous telehealth service rendered via a real-time interactive audio and video telecommunications system. More information is available at: www.doctors-management.com/new-2017-modifier-95-telemedicine-codes/.

⁸ HCPCS-GT indicates “services delivered via interactive video and video telecommunications system. More information is available at: www.doctors-management.com/new-2017-modifier-95-telemedicine-codes/.

⁹ Providers are encouraged to consult with payers to determine the appropriate modifier for billing telehealth.

¹⁰ COMAR 10.09.49, Telehealth Services. Available at: www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.09.49.*

¹¹ More information on the Maryland Medicaid Telehealth Program can be found at: mmcp.health.maryland.gov/SiteAssets/SitePages/Telehealth/Telehealth%20Program%20Manual%205.2.18.pdf.

- Health care providers must be enrolled in the Maryland Medical Assistance Program;
- Participants must be enrolled in the fee-for-service program or a HealthChoice MCO;
- Health care providers must request preauthorization for services as required by the patient's Medicaid carrier;
- Ensure the visit is delivered and billed in the same manner as an in-person encounter between the provider and patient.¹²

Medicare

Incrementally, Medicare has expanded reimbursement for telehealth services by modifying the Physician Fee Schedule (PFS).^{13, 14} On an annual basis, the public has the opportunity to submit a request to add or delete covered telehealth services.¹⁵ Under the current PFS, to qualify for reimbursement:

- Distant site providers must be one of the following: physician; nurse practitioner; physician assistant; nurse-midwife; clinical nurse specialist; certified registered nurse anesthetist; clinical psychologist; clinical social worker; registered dietitian or nutrition professional;
- Medicare beneficiaries must be at an originating site located in a Health Professional Shortage Area or a county outside of a metropolitan statistical area.^{16, 17}
- The provider must use real-time audio and video telecommunications systems permitting two-way, real-time interactive communication between the patient and provider.

An Evolving Landscape

Telehealth continues to become more widely accepted by providers and payors as a viable alternative to in-person visits.¹⁸ Use of telehealth is especially significant for patient populations in rural areas of the State, including the Eastern Shore and Western Maryland.¹⁹ Telehealth enables providers to personalize care for patients, expand access, improve engagement, and reduce costs — all tenets in the shift towards value-based care.

¹² COMAR 10.09.02.04- Physician Services, Covered services. Available at: www.dsd.state.md.us/comar/comarhtml/10/10.09.02.04.htm.

¹³ The PFS is a complete listing of the maximum fees used by CMS to reimburse providers on a fee-for-service basis. More information is available at: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html.

¹⁴ Centers for Medicare and Medicaid Services. *Medicare Telehealth Services Fact Sheet*. Available at: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf.

¹⁵ Centers for Medicare and Medicaid Services. *Telehealth*. Available at: www.cms.gov/Medicare/Medicare-General-Information/Telehealth/index.html.

¹⁶ Metropolitan Statistical area consists of one or more counties containing a core urban area of 50,000 or more population and adjacent counties that have a high degree of social and economic integration (as measured by commuting to work) with the urban core. For more information, please visit: www.census.gov/programs-surveys/metro-micro/about.html.

¹⁷ CMS removed originating site geographic restrictions for patients receiving services via telehealth for the following: a) end-stage renal disease who undergo dialysis at home to receive monthly assessments; and 2) acute care stroke services. More information is available at: s3.amazonaws.com/public-inspection.federalregister.gov/2018-24170.pdf.

¹⁸ Modern Healthcare. *Virtual reality: More insurers are embracing telehealth*, February 2016. Available at: www.modernhealthcare.com/article/20160220/magazine/302209980.

¹⁹ Rural Health Information Hub. *Telehealth Use in Rural Healthcare*. Available at: www.ruralhealthinfo.org/topics/telehealth.